S. No. 2
—8-43
5-17-39
1 X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40873

FILED JAN 12 1946

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Adults Conservation Club (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days) In this community Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 103

(c) City or town Gerster 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Sarah A. Carver

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 15 1867 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Jacob Mosser
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Christina Miller
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Family record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie Cemetery

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Missouri

19. (a) 11/15/45 (Date received local registrar) (b) J. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8 year 1945 hour 4 minute 30P M.

21. I hereby certify that I attended the deceased from Sep 1st, 1942, to Dec 8, 1945 that I last saw him alive on Dec 8, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Old age	
Due to Arthritis	
Other conditions (Include pregnancy within 3 months of death) No	
Major findings: Of operations	
Of autopsy No 9	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. T. Dunaway (M. D. or other)

Address El Dorado Spg Date signed 12/13/45

1631 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Office No. 7,

12-40-1325

Date Filed 1-11-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Oceola Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.